



Docket Number (Optional)
06181/000K439-US0

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Application Number	10/089,641
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Filed May 3, 2002

For EXPRESSION VECTOR CODING P972-GENE FOR CANCER THERAPY AND ADENOVIRUS PRODUCING THE SAME

Art Unit	1635
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Examiner B. A. Whiteman

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 120.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$

☐ Applicant claims small entity status. See 37 CFR 1.27.

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to
Deposit Account Number 04-0100 . I have enclosed a duplicate copy of this sheet.

I am the applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

X	attorney or agent of record. Registration Number	32,613
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☐ attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34

Registration number if acting
Howard M. Frankfort
Signature

Signature

February 22, 2005

Date _____

Howard M. Frankfort, Ph.D.

(212) 527-7736

Typed or printed name

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of **1** forms are submitted.